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A

LECTURE ON HOMŒOPATHY

BEFORE THE MEMBERS OF THE

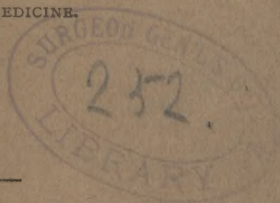
BOYLSTON MEDICAL SOCIETY

(OF HARVARD MEDICAL SCHOOL).

BY

C. WESSELHŒFT, M.D.,

PROFESSOR OF PATHOLOGY AND THERAPEUTICS OF BOSTON
UNIVERSITY SCHOOL OF MEDICINE.



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PREFACE.

THE following pages contain a revised and corrected edition of the "Lecture on Homœopathy," etc., from the May and June numbers of the NEW-ENGLAND MEDICAL GAZETTE. The delay in the publication of this separate edition is a matter of regret, but is due to the illness of the author, to which also are to be attributed the non-correction of various errors contained in this article as printed in the GAZETTE.





INTRODUCTION.

EARLY in March the writer received a very polite invitation, from Drs. H. I. Bowditch and V. Y. Bowditch, "to answer some questions concerning homœopathy" to the members of the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. The proposal was gladly accepted; and it was arranged that each member of the class should write down a certain number of questions, from which the secretary of the society then made a selection, consisting of fourteen questions, the answers to which form the subject of the following paper. After listening to it, there followed a discussion of the subject by Dr. D. Hunt, and this was followed by questions concerning homœopathy on the part of the members. These questions and remarks were all to the point, intelligent and courteous, as I hope the unpremeditated answers were likewise.

As a matter of course, this paper is published with the hope, on the part of the author, that his treatment of the subject in so short a space may meet the approval of homœopaths, whose views, he trusts, were represented as fairly as the brevity of the allotted time and space would allow.

LECTURE ON HOMŒOPATHY.

MR. CHAIRMAN, AND MEMBERS OF THE BOYLSTON MEDICAL SOCIETY, — When accepting your generous invitation to answer some questions concerning homœopathy, I did so with no ordinary sense of gratification. This I hope you will share with me when you call to mind that this meeting is an historical event, for it is the first time in medical history that a homœopathist has had the opportunity, courteously extended, of explaining the principles of his own to members of the opposite school.

It may not lie within my ability to do full justice to the questions you have asked, although they are plain and fair, and carry with them the assurance of an honest desire for information concerning a subject of doubt to you.

Your list contains no less than fourteen questions. However much abbreviated, the answers will tax your time and patience : mine are at your disposal.

I. *Please give a brief statement of the essential doctrines of homœopathy, showing wherein it differs from the regular school.*

In order to arrive at an understanding of the doctrines of homœopathy, in order to prepare our minds for a calm reception of statements of principles and methods with which we are either entirely unfamiliar, or regarding which we had

been sceptical, it is well to remember the times and conditions, not only in reference to medicine, but history in general.

The origin of homœopathy, as first announced by Samuel Hahnemann, falls in the last years of the last century, — about 1796. You will remember that this was soon after the end of the famous rebellion which made this country free ; it was the actual time of the French Revolution. Great political changes of a progressive kind extended their influence over Germany. Such times throw the masses into a state of ferment, and engender thought in more capable minds, in each according to its predilections. Philosophers, statesmen, poets, arise, and in peaceful sciences, like medicine, new ideas crowd upon old ones.

As in politics, so in medicine, a revolutionary spirit was rife. This was a hundred years ago. If I sketch it briefly, in somewhat flagrant colors, I beg you will not consider it as an aggression against improved medical practice of our time. You know that diseases were treated then very differently from present usages. When I mention the words “ bleeding,” “ purging,” “ blistering,” and “ mercury,” I have named certain measures which may have been used moderately by some, but to excess by the majority, and advocated by leading minds. The idea that congestion — though this idea bears in it the germ of a pathological truth — was the source of all disease, because autopsies showed the blood to have collected and often clotted in various parts of the body, led to the universal tendency, habit, and dogma, that the blood *must* be got rid of, at all hazards (BROUSSAIS, RASORI). The cold, livid, half-dead cholera patient, as well as the pneumonic patient, with hot and turgid skin and bounding pulse, was bled. That is, the blood of the latter flowed freely enough ; that of the sufferer from cholera did not, and physicians were sure that they could cure cholera if they could

only make the blood run from the vein during life, because after death they found it collected in one spot.

Purging was not done as now, nor with the precautions of to-day: it was made a substitute for bleeding (v. STÖRCK). Even the best minds could not divest themselves of the idea that disease was caused by some undefined noxious substance (*materia peccans*) which could be got rid of only by material evacuations, such as purging and bleeding, generally preceded by emesis if possible. Do not confound the temperate use of these means of to-day with the usages of a century ago, which, like the excessive employment of mercurials, and an unbridled, lawless habit of compounding multifarious drugs, have now been superseded by better practices.

The contrast between now and then is great. Those methods were old, and firmly rooted in the minds of physicians and the laity, who rather dreaded than loved them. A change of practice had been foreshadowed in the history of medicine: it had to come. If one had not inaugurated it, another would have done so. Though it does not follow that the change which began to appear must have been to what is called homœopathy, nevertheless *that change which was to come would have assuredly been characterized by various features which are peculiar to homœopathy.*

Now, as this system of practice *was* the form in which a change in the practice of medicine *did* come, we will not trouble our heads about what might have or should have been; but we will look at what we have got before us, for "it will not down."

As you do not desire a digest of the history of medicine, as time is too short, you will also kindly content yourselves with a very concise statement of the "essential doctrines" of homœopathy. Their simple recital will, as your question requires, give you evidence that they are the counterpart of

the doctrines and medical usages of the last century, and still widely different from, if not antagonistic to, the allœopathic practice of to-day.

As your questions do not imply a critical analysis of the schools, or methods of practice in question, you will be contented with a statement of doctrines, in order that you may draw comparisons, and form your own conclusions.

When you are told, for example, that homœopathy seeks after positive knowledge of disease, in place of theoretical knowledge of pathological processes, you will be perplexed by the implied inference that traditional medicine possessed no positive knowledge of disease. The direct omission of the proof of the assertion will not be misinterpreted or misunderstood if I succeed in answering fairly the question as relating to homœopathy.

Homœopathy, then, demands actual, positive knowledge of disease. What does that mean? It means, that, in regard to disease, we should make clinical use of only such facts, characteristics, or symptoms, as *we can, with our aided or unaided senses, grasp and accept as facts without doubt or cavil*; whether such disease be a mere pustule on the skin, or a case of epilepsy, or some other complicated lesion. When we look at the subject closely, there are as many knotty problems to be solved in the instance of the pustule as there are in that of the more serious disease. The pathology of either will teem with theoretical points as to the cause and the relation of histological elements involved. Homœopathy simply asks, What do *we perceive and know*? We perceive and know, for instance, that the pustule is red; that it itches or that it smarts; that it contains a clear fluid or pus in its apex. We do not know why one pimple itches, or why another smarts. In the case of the nervous lesion, we know, for example, that it is characterized by convulsions, paralysis of sensation, or perhaps of motion. We may

surmise, but certainly far oftener we do not know, the cause that is the essential pathological state or process at the root of those symptoms, sufficiently well to utilize it for clinical purposes.

That which yields to us curative indications must be of a much more positive kind.

We consider only the purpose for which these positive data are to be collected. This purpose is to build upon them as a foundation those therapeutical measures which shall lead to a safe and radical cure of the case. Now, if this foundation is not one of solid, unquestionable facts in every part, every flaw will be an impediment, or, worse than that, a source of danger.

Hence, if you know the cause of your pustule, — that is, why it is one, and not a bulla, or a mere nodule, — if you know why it is painful, why it torments by itching, or why it causes burning pain, — then you may proceed on positive information. If, on the other hand, you do not know these things, or have the slightest doubt concerning them, then your curative measures, directed at an unknown cause, must do harm.

Therefore you will not find it unreasonable to allow yourselves to be guided by undoubted facts concerning which there can be no question.

If errors are possible with regard to diseases of no danger, how much greater must these errors be in a serious lesion like epilepsy! Or do you know how and why bromide of potassium cures some cases of that kind? All conjectures concerning such curative results are trivial theories: the empirical fact that bromide cures some epileptics is all you have.

We hold, therefore, that in our curative measures we are bound to be governed by that alone which we can know or discover positively; and for this purpose, guided by this maxim, we proceed to collect and note carefully just such

data or facts, from which we exclude rigidly all we are not sure of. To cultivate the faculty of gauging our knowledge, is a part of our business as homœopathists. This is the most difficult of all methods of self-discipline, but errors are possible, even in the most rigid exclusion.

We cultivate pathology as a branch of science, in common with all physicians, and there is no evidence that homœopathists as a class, or as individuals, are not as good diagnosticians as other physicians. The only distinction is, that homœopathists are trained at the outset to separate pathological facts from theories, and to keep the two apart, each for a different purpose.

The same principles apply to the methods by which homœopathists study drugs as curative agents, and at this point I would show you in what light we look upon medicines. To us, medicines are not medicines in the first place : they are simply drugs, regarding whose properties we form no opinion until they have been tried upon the living human and animal organism. Now, what does an unbiassed observer perceive when he either takes himself, or administers to some animal, a portion of some drug, or what is supposed to be a drug? He either discovers that it has no effect at all, that it is inert, and hence valueless, or he discovers that it *makes him as also his test-animal sick*. He tries other drugs in the same way, and finds that each, if not inert, causes him to feel sick in a different way. One drug produces a kind of gastritis ; another, cerebral disorders ; a third, a bronchial catarrh, — each drug always producing the same kind of disorder.

How does the unbiassed observer reason from these premises? He reasons that a drug (medicine) is a substance which disturbs normal health ; that it is a pathogenic agent, — not one, that, if taken by a healthy person, will make that person healthier.

This is a view of the nature of medicines which you cannot escape: drugs are disease-producing agents; to call them evacuants, deobstruents, alteratives, tonics, etc., will not help you out of the paradox; because if you cure by a medicine, classify it as you will, that cure is in some manner accomplished by that same pathogenic power inherent in the medicine. This pathogenic power, under certain conditions, becomes a curative agency.

Medicines cause sickness in the healthy: medicines also cure disease. This is a simple statement of the groundwork of homœopathy divested of all accessory verbiage; it expresses briefly, though fully, the chief axiom of our School (*similia similibus curantur*); and we believe, that, though it should not be held as the only principle in medicine, it is one, perhaps, of many principles, but yet one of exceedingly far-reaching value; and we furthermore hold, that no School can, in justice, call itself "regular" while it excludes from among its methods and principles this one practical element.

By nature, drugs are crude substances, each of which, if brought in contact with, or introduced into, the human body, produces a disturbing, hurtful effect. This effect varies according to the activity of the drug, from a slight indisposition, like that from a moderate dose of chamomile, to instantaneous death, like that from prussic acid, in drop doses, applied to the tongue of a rabbit.

We recognize that each drug generally possesses some predominant effect: one drug may chiefly produce purging; the principal effect of another may be emesis; that of a third, to produce sleep. We recognize that a number of other drugs are remarkable, chiefly from their power to affect the general health with less pronounced local effects (alteratives and tonics); but we also recognize the fact, that besides these prominent local or general effects according to which drugs are classified, such drugs are capable of produ-

cing a great variety of other effects, which are generally entirely ignored in your text-books on *materia medica*. For instance : a drug produces catharsis, but also loss of appetite, a yellow-coated tongue, and much thirst for cold water. Another cathartic produces nausea, a red tongue, but thirst for cold drink is not especially noticeable among its clearly marked effects upon the human organism. Now, these symptoms, or distinguishing features, have a value in the estimation of a homœopathist. He proposes to utilize them. But, having once observed that the range of the action of a drug is generally not limited to one organ or region, he also proposes to see just how far its effect will extend, and what it will do if fairly and thoroughly tested.

In this process of testing or "proving" drugs for their effects, it is his purpose to know only what they positively and actually will do ; and he proposes to exclude as rigidly as possible every thing of a theoretical or a doubtful kind. For instance : one drug may produce sopor ; another may produce spasms ; both may be explained by their paralyzing effect upon the same nerve-centres. But what is the essential nature of paralysis or soporific somnolence, is a matter of theory ; still more so the difference between somnolence and spasm, both of which are brought about by the same drug (*belladonna*), or each effect by two different and antagonistic drugs.

Here the homœopathist adheres to and utilizes the fact that drugs produce either sopor, or spasms, or paralysis, leaving hypothetical or theoretical discrepancies carefully out of his therapeutic measures.

Testing drugs, then, for their true and unequivocal effects, is what is known in homœopathy as "proving." In collecting facts, voluntary and accidental cases of poisoning are used. These roughly block out the effects of the drug. The finer details are then filled in by voluntary provings with safe doses.

If errors and extravagances have crept in to render effects uncertain, it is not the fault of the principle involved, but of the methods employed. Too large doses, for instance, yield only coarse effects; doses which are too small will produce none, or, as in apprehensive provers, multitudinous imaginary "symptoms."

Now, having attained to a positive knowledge of disease manifestations and of drug effects, the question arises, What use can be made of these two branches of knowledge? As yet, I have regarded the knowledge of disease as wholly isolated from, and as bearing no practical relation to, our knowledge of drug-effects obtained by experiment. The element which is capable of converting a drug into a medicine awaits our consideration.

This element, we think, is found in a simple formula (the rule or law of cure), which says *that medicines cure diseased conditions whose symptoms, or actually perceptible manifestations, are similar to — that is, closely resemble — those which medicines produce when tried upon the healthy organism*. Medicines cause sickness in the healthy: they also cure disease.

How this formula was found and adopted would be an interesting topic, but too long. It must suffice to assert that it has been observed by analogy throughout the historical course of medicine. It was found by many empirically, but definitely pointed out by Hahnemann. I would gladly enumerate sources from which knowledge of this formula is derived, but brevity obliges me to point out to you that this formula of similars is generally *recognized in every actual cure clearly resulting from a single drug, wherever reported*.

If you will take the trouble to acquaint yourselves with the effects of such drugs as belladonna or its alkaloid atropia, nux vomica or its alkaloid strychnia, with arsenic, copper, and any drug you please; and if you will then compare

the manifestations of the cases cured, with the manifestations or symptoms capable of being produced by the reported curative agent, — you will often be astonished by the similitude existing between them, and you will understand what is meant by similar.

In a broad and general way, I will assert here, that the disorders in the cure of which most heroic well-known medicines are used by the allœopathic school, are unequivocally of the kind which these heroic drugs are able to produce by themselves. Comparisons are easily made in any text-book, such as that of Bartholow.

The answer to your first question, though long, would be very incomplete did I not add two other axioms of the homœopathic school.

One is, that as each drug has been tested *singly*, and unmixed with any thing else which could modify its effect, *so each drug should be administered singly as a remedy in disease*. The uncertainty of mixed drugs, and the safety of the patient, render this precaution necessary.

Lastly, each drug, when used as a medicine under the formula of similars, should be given in doses just large enough to have the desired effect. On this there is no difference among homœopathic physicians, and I doubt if you will object to the way in which it is formulated here. But you have heard of dilutions and potencies, high and low; and you are puzzled and in doubt, if not entirely estranged, by much that is implied under the much-abused word “infinitesimal,” more particularly that you are aware that homœopaths differ among themselves when they endeavor to make clear their position with regard to the dose.

As a matter of fact, some hold that very high reduction or rarification of medicinal substances is necessary and practicable. They do not admit that there exists any limit to the divisibility of medicinal or other matter, and claim that

their clinical results uphold them in this. Others, and evidently a very large majority, have always inclined to a more material view and practice in the use of drugs; most of them employing them in appreciable quantities, but still in quantities far short of the alloëopathic dosage. They admit that science points clearly to a limit of divisibility, and hold that efficacy, or at least perceptible effect, ceases even before the limit of divisibility is reached; but they also admit that the practical, actually *curative* limit is not to be determined by the clinical test alone, as the extremists do.

For our purposes this evening, it would appear commendable to fall back on the proposition, as first stated, that homœopathy requires only as much medicine as will do the work required, or as much as will insure the utmost safety in the art of prescribing drugs, in preference to the traditional maxim of augmenting doses to the verge of what the patient can endure.

Such are the chief doctrines of homœopathy, stated as fully as time and space will permit. Such statements are not exhaustive, but, excepting imperfections of diction, they are truthful. We may safely call them doctrines, but not dogmas. To elevate them to such a position would deprive them of the qualities of practical rules. *Homœopathy is nothing if not practical.*

If time and experience should show that homœopathy, in its simplest form as described, should not be a method or system of such universal scope as to preclude other methods or systems, still you may safely regard it as a method among other methods of treating the sick by medicines. Varying methods of testing and prescribing drugs as medicines should not be confounded with unvarying principles. These may be correct and acceptable in the abstract, while their methods of application in real practice may teem with obstacles and difficulties, leading to questions and disputes inter-

minable ; but divested of extremes, and holding to the purpose of retaining the knowable and excluding the unknown or doubtful factors, we aim to be reasonable, and, above all, practical.

2. How is the homœopathy of to-day related to that taught by Hahnemann ? If any change, what is the reason for it ?

The above, though brief and incomplete, is intended as a sketch of homœopathy of Hahnemann, stated in such a way that I hope it represents the groundwork of the opinion of all practitioners of that school. The doctrines are the same to-day as they were at Hahnemann's time ; that is, the formula of similars, the proving of drugs, the use of single simple remedies in small doses. Such, indeed, was Hahnemann's homœopathy in its simplest and most practical form. In this form it would probably have encountered very little opposition ; but certain changes and additions propounded and enforced by Hahnemann himself heightened the opposition to his system, and also called forth a division in the school itself. Briefly stated, this was due to a gradually increasing tendency to extremes in the diminution of the dose, and to the introduction of the so-called "psora theory." These tendencies and complications of a simple and practical method may be said to have taken shape and to have developed from 1810 to 1828, since which time two parties became distinctly discernible, — the one clinging with zealotism to the words of the master ; the other following a more or less conservative course (more especially with regard to dosage), rejecting extremes, and modifying or disregarding altogether the "psora theory." This was introduced by Hahnemann as an explanation of the incurability of certain inveterate hereditary types of disease, for the cure of which he introduced a distinct class of medicines known as "anti-psorics," published in 1828 and subsequently.

While the objections are strong which are directed against the theory of one class of chronic diseases supposed to originate from suppressed itch, these objections are less valid when applied to chronic disorders following contagious gonorrhœa, and they vanish when applied to the chronic forms of syphilis. Nor was the proposition to adopt certain classes of remedies to these classes of disease entirely to be rejected. So much for historical events and doctrines. Although they led to differences of opinion among homœopaths, they did not lead to an actual rupture. To-day there is still a number of physicians who hold literally to the above-named doctrines; but the greater number have abandoned them, and maintain and adhere to the simple practical rules I have named.

3. *What statistics are there to show that homœopathy is the most successful method of treating disease in general, or any particular disease?*

Though these statistics are not as comprehensive as they should be, they are too voluminous to give you more than a brief sketch of them, omitting all details. Dr. von Grauvogl, a military physician of high rank in the Bavarian army, in his text-book of homœopathy, quotes the following statistical data from Dr. Rosenberg's "Progress of Medical Science," etc. (Leipzig, 1843, published by Shumann), giving for brevity's sake only the final figures, which I must abbreviate still more.

Trials with homœopathic treatment were made at Tulezyn in Podolia by Dr. Herrmann at command of the Emperor of Russia in 1829. These lasted an hundred days. There were received 165 patients: cured, 141; died, 6; remaining, 18. Mortality, 3.64%.

Trials of homœopathic treatment were made under the same order in the infantry hospital at St. Petersburg. 18 $\frac{29}{100}$ %

were treated; in all, 409 patients. Of these there were cured 370; improved, 7; uncured, 4; died, 16; remained, 12. Mortality, 3.91%.

In the cholera hospital, under homœopathic direction, at Munich, the tabulated report shows that from Dec. 13, 1836, to the end of November, 1837, 242 patients were received: cured, 223; improved, 13; died, 6. Mortality, 2.48%.

The tabulated report of the homœopathic infirmary at Günz shows that from 1833 to 1841 there were 738 patients: cured, 666; improved, 10; not cured, 5; died, 29; brought in moribund, 17; remaining, 11. Mortality, 3.92%.

The tabulated report of the homœopathic infirmary at Gyöngyös, from 1838 to 1841, shows 271 patients: cured, 219; improved, 14; uncured, 7; died, 11; brought in moribund, 15; remaining, 5. Mortality, 4.06%.

The report of the homœopathic hospital at Vienna, from 1832 to 1841, enumerates 5,161 patients: cured, 4,710; uncured, 89; died, 267; brought in moribund, 34; remaining, 61. Mortality, 5.02%.

At the homœopathic infirmary at Leipzig, from 1833 to 1841, there were 4,665 patients: cured, 3,984; improved, 297; uncured, 127; died, 157; brought in moribund, 31; remaining, 69. Mortality, 3.57%.

The average mortality of these hospitals would accordingly be 4.22%.

The tabulated reports of various non-homœopathic hospitals should here follow by way of comparison.

At the Marine Hospital at St. Petersburg, in 1837, there were received 2,261 patients: died, 773; remaining, 322. Mortality, 23.03%.

At the Allerheiligen Hospital at Breslau, in 1833, there were 2,443 patients: cured, 1,701; died, 409; improved, 105; uncured, 60; remaining, 168. Mortality, 16.74%.

At the Charité at Berlin, during eight years, the highest

death-rate was 13.99% : the lowest in 1839, when 10,616 patients were treated, was 9.91%.

Then follows the death-rate at the St. Jacob's Hospital at Leipzig, 10.33%.

In Allgemeine Krankenhaus at Vienna, in 1838, the death-rate was 12.73%.

This yields an average of 12.01% under allœopathic treatment.

An interesting statistical account is to be found in DIETL, *Der Aderlass in der Lungenentzündung* ("Venesection in Pneumonia"), published in 1849, from which it appears that a mortality of 20% and 30% can be reduced to 7% and 9% by omitting antiphlogistics and tartar emetic.

The reasons which induced Dietl to make this trial of treating pneumonia strictly on the expectant plan, were the results obtained by Drs. Fleischmann, Eidherr, Wurmb, and Casper, in Gumpendorff and Leopoldstadt homœopathic hospitals. In the homœopathic section of the Leopoldstadt hospital,¹ 92 cases of pneumonia were received during the years 1850-52. The average annual mortality among the cases treated in the hospital during nine successive years, as given in manuscript by Dr. Eidherr, was 7.2%.

Another report, extending over the years 1859-66, gives a mortality of 5.85% and of 9.57% under homœopathic treatment, and of 12.5% in the allœopathic section of the Leopoldstadt hospital. Those who will examine the figures in the original reports will observe a difference in favor of homœopathic treatment over expectant treatment.

This very imperfect sketch is simply intended to show that statistical material is not wanting, nor is it exhausted by these notes. It has increased greatly in the last twenty years, through the increase of homœopathic hospitals and dispensaries in all countries.

¹ On the Present State of Therapeutics, etc. By James Rogers, M.D. London: Churchill, 1870.

The last comparative statistics were those of the yellow fever commission appointed by the American Institute of Homœopathy in 1879.¹ From this report, arranged chiefly by the chairman of the commission, Dr. William H. Holcombe of New Orleans, whose conscientiousness and reliability are beyond question, it appears that at various localities the mortality of accurately reported cases under homœopathic treatment amounted to from 4% to 8%, in one instance (Chattanooga) to 36.4%; while the mortality under non-homœopathic treatment, from the most reliable sources obtainable, ranged from about 10% to 45% (Chattanooga). The author concludes his report as follows: "Notwithstanding the possible fallacies of the numerical method, and the possible errors of medical reports, and although some alloëopathic physicians may have made exceptionally excellent reports, and some homœopathic physicians exceptionally poor records, still, surveying the matter on a large scale, in different places and at different times, the work of many physicians and the treatment of thousands of cases, we are compelled to believe that the homœopathic method is uniformly more successful than the method of the old school."

4. *In what countries, and in what parts of them, is homœopathy most practised?*

There is no doubt that the United States of America can claim a larger number of homœopathic practitioners than any other country. We have here, according to the report in *The Transactions of the American Institute of Homœopathy for 1884*, no less than 23 general homœopathic hospitals, 31 special hospitals, and 49 free dispensaries, 15

¹ Special Report of the Homœopathic Yellow Fever Commission, ordered by the American Institute of Homœopathy for Presentation to Congress, 1879. New Orleans, La.

colleges and 4 special schools, no less than 19 journals and 102 societies, with no less than 6,000 practitioners of homœopathy.

The practice in other countries is represented by a smaller number of physicians in proportion to the patronage seeking them. Thus in Germany, exclusive of Austria and Switzerland, there were, in 1876, about 264 homœopathic practitioners, with 14 hospitals and public dispensaries.

In Austria there are about 177 homœopathists, with 8 hospitals containing 738 beds (this does not include a very large number of homœopathists of Hungary, and a number of hospitals and a college at Budapest).

In France there are now about 350 homœopathic physicians, 3 homœopathic hospitals, and 8 dispensaries, 5 of which are in Paris.

In England there are upward of 400 homœopathic physicians, and 8 hospitals and dispensaries, besides a number of general and local societies.

These numbers are not so insignificant as they would seem, because they do not include the homœopathic practice as represented by physicians, societies, and hospitals in other European countries (such as Spain, Italy, Russia, Denmark, Holland, and Belgium), whose quota, if summed up, would exhibit, if not a formidable, still a very respectable, array of men and institutions. To those who are at all interested in the history and statistics of homœopathy, I would earnestly recommend for perusal volume II. of "The Transactions of the American Institute of Homœopathy of 1876," "The Transactions of the International Homœopathic Convention held in London in 1881," and "The Rise of, and Opposition to, Homœopathy," by Dr. Wilhelm Amecke (Berlin: Otto Janke, 1884). Even the least impartial of readers must admit that the difficulties with which homœopathy had to contend were equal to any experienced by struggling sects

in the entire history of the world. If these persecutions and oppressions were less severe than the Spanish Inquisition, it was not for want of good will on the part of the opponents. There was not an existing power of law, nor power of despotic government, that was not brought to bear on the new system of medicine. If laws were wanting, they were easily made.

It is easy to speak of great medical schools endowed centuries ago, whose wealth now amounts to countless millions ; it is easy to mention hundreds of enormous hospitals endowed by, and supported from, the coffers of rich States, — and then to point to the struggling little schools and hospitals dependent exclusively on private charities. Give them liberty as we have it here, and they will grow and do good, as is and will be proved by the wise legislation of many of our States. Things move more slowly there than here. It is possible there to keep down a new school, but it is as impossible there as it is here to obliterate it. Perhaps, after all, it is not safe to judge of a method of medical or any other practice, either by the number of its professional or lay adherents, but rather by its principles and their results in practice.

Let us pass to the next question.

5. *What doctrines of the regular school are most objected to by homœopathists ?*

The statement that homœopathy, if not practical, is nothing, may have justly surprised you, as it may imply that alloëopathy is not practical. Allow me as briefly as possible to illustrate our position, which is to heal the sick entirely, quickly, and agreeably, by means of medicines ; that is to say, homœopathy, with its formula of similars, refers exclusively to the use of medicinal substances in disease. We aim to get at the working-powers of medicines in the most practical manner, and believe, that compared with our prin-

ciples, reduced to methods of getting at the practical forces of actually healing by means of medicine, the allœopathic school is less practical.

We hold that the methods employed within the allœopathic school, of obtaining knowledge of drugs, are not practical; because the methods of obtaining such knowledge, though often leading to intricate though plausible results, these results involve an hypothesis which requires a theory for its support. Take, for instance, familiar examples of atropia, morphia, strychnia, eserine. If these substances are to be used for the actual purpose of healing by virtue of *the reasons* of their physiological effects, very few curative, or even palliative, results could be recorded. You would have to know the precise difference between, e.g., a stimulating, an inhibitory, a paralyzing effect, in order to apply these effects to a given case. Such differences are not definable.

Then consider also, that, even if it were within human ability to differentiate these hypotheses and theories regarding drugs with exactitude, it would be impossible to know, in any case of disease, which of those physiological effects are to be employed. If an hypothesis with a plausible theory of the action of a given *drug* is difficult to establish, it is vastly more so with regard to a *disease*. Homœopathists know that physicians, when called to the bedside of patients, have no time to ponder on such hypotheses and their theories: they must act quickly, and at the same time safely, in the work of curing. Theorizing would not be safe; neither would it lead to curative results to reduce hypotheses and theories to dogmatic rules and routine. There is no choice for the conscientious allœopathic physician but to apply strictly theoretical knowledge, and none for the less learned but to resort to thoughtless routine in the application of hypotheses reduced to dogmatic rules, or, at best, empirical rules regardless of any hypothesis and theory.

Homœopathists object to this as a dangerous waste of time at the bedside, or as unsafe routine and empiricism.

Homœopathists seek a shorter and safer way, and strive to avoid delay. But they acknowledge, at the same time, that the "regular school" is really practical only whenever it is *truly empirical*. Whenever experience, accidentally or methodically obtained, points the way to an actual cure, *there* we meet on more common ground, for there hypothesis and theory become matters of less than secondary importance. Belladonna dilates the pupil, eserine contracts it; morphia produces freedom from pain, and causes sleep; quinia breaks up paroxysms of intermittent fever, and so on. But here there is no application of these drugs according to hypothetical or theoretical reasons, but according to plain, well-known properties of drugs regardless of their reasons.

We think traditional methods of studying disease and drug effects *unavailable* for *present* needs. We desire some time to know the reason of a drug effect and of a disease effect, but the exigencies of hourly needs will not allow it. We strive to find a shorter road; that is, to take into account only what we can perceive clearly. *In daily practice we think it unpractical to make these positively observed and easily observable facts subordinate to theoretical or even hypothetical data.*

Next to the methods of your school of investigating drug and disease effects, the homœopathist finds it advisable to *avoid polypharmacy* in all its forms. While a reasonable combination of compatible synergistic drugs may be desirable and practical, the homœopathist is aware, that, in the greatest number of instances of common "regular" practice, very little attention is paid to the kinds of substances combined or mixed; and he thinks, moreover, that drugs are not sufficiently well known by *either* school to warrant a

combination of several, or to anticipate a favorable result from such combination. The homœopathist would regard such polypharmacy, not so much as an indication of precise knowledge, but rather as one of uncertainty. Regarding it simply as a practical question, the homœopathist would fear to lose time by compounds of drugs concerning each of which much is conjectured and comparatively little known, while he tries to gain time by one simple remedy whose positive effects are well known.

The homœopathist, furthermore, objects to *excess of dosage*, as which he regards that of the "regular" school. He clings to the idea that it is less practical, because less safe and less certain, to give in a certain case as much as the system will endure, than to give much less than that, or, as he calls it, just sufficient to effect a cure ; for he dreads any medicinal complications of the case. He is aware, that, while a liberal exhibition of drugs, such as opium and quinia compounded with various others, may take entire possession of the functions of the patient's organism, the drug effects often predominate over the disease symptoms to such a degree that it is impossible to distinguish one from the other ; he is unable to know whether to attribute the coated tongue, bad breath, mental torpor, uncertain pulse and temperature, to the disease, or to the drug substances taken in such cases.

He considers the giving of medicines in doses up to toleration practically unadvisable, because of the delay, if not danger. He reasons thus : We may not always prescribe correctly ; indeed, we may often err ; hence we must possess some means of correcting errors which the best physician cannot help committing. It is more difficult to correct errors resulting from polypharmacy and large doses, than to commit them ; hence he will employ single remedies which he can control more easily.

The homœopathist, furthermore, thinks it a disadvantage to push the dose to the verge of tolerance, because this method precludes the use of the most potent drugs, like arsenic, phosphorus, strychnia, atropia, and a host of others, which, by a simple mode of reduction, can be rendered more curative, and safer, in the hands of even a nurse, than as usually prescribed by non-homœopathists.

6. Does the homœopath ever feel justified in using remedies after the method of the regular school?

The homœopathist holds, or should hold, to the idea that his calling as a physician demands of him to be ready and able to employ those means of which he knows with reasonable certainty that they will serve his purpose best; that is, to restore his patient's health.

Whenever the "regular school" is truly empirical, and thus gives us good sound practical facts in the form of results which we cannot ignore, we are bound to use such results for the benefit of our patients. We are practical men; we reject nothing that is truly useful, and are free to admit that such practical facts may here and there fill up considerable gaps in the therapeutic use of our own materia medica.

As a matter of right, a homœopath should reserve unto himself the use of remedies according to other methods; for he always sees with satisfaction, and encourages, the employment of homœopathic remedies on the part of "regular" physicians.

Those homœopaths who would raise the cry of traitor or heretic in such a case, render the conversion of the obdurate regular school impossible. But the occasional use of allœopathic medicines has been met by the "regular school" with the argument that homœopaths — using other than strictly homœopathic remedies — are guilty of inconsistency and wrong-doing. Such objections belong in the same

category with those of the dogmatic minority of homœopaths. It is here that extremes meet, and display their absurdities.

To say that a homœopath should not use alloëopathic means of treatment, or that an alloëopath should on no account use a homœopathic remedy, is as absurd as to say that a blacksmith must on no account use a watchmaker's file or drill, or to say that a carpenter must never, on pain of the everlasting displeasure of the fraternity of carpenters, use a carver's graver. The real position of homœopathists is, that they should conscientiously endeavor to make alloëopathic therapeutics superfluous by demonstrating the superiority of their own.

7. *Explain "similia similibus curantur." The election of the remedies is by the law of similars; the curative action, by the law of opposites.*

As the above question rather assumes that an explanation will be given in accordance with the theory assumed, I will endeavor to answer it in that sense. It would not be difficult, but too long for our purposes to-night, to compile a list of analogues regarding the action of similars, from the therapeutic uses of medicines, as recommended in every non-homœopathic text-book of materia medica, which, like Bartholow's, deals with simple drug-effects.

It is readily to be understood that the visible appreciable symptoms of a disease may resemble, or be similar to, the symptoms or signs produced by a drug, as far as language can express them; but it is yet a matter not fully understood, what the true similitude covers. The answer to this would be largely theoretical; therefore we prefer to adhere to simple methods, as represented by the example; e.g. that belladonna dilates the pupil, causes vertigo, and confusion of mind, hence we give it as a medicine in cases presenting

these symptoms ; but we do not stop then and there to decide the question, why or how it cures.

It may and it may not be that the decision of the question of what constitutes similarity or opposites would enable us to proceed in our curative efforts with greater ease and certainty. It is certainly desirable to institute the most exhaustive experimental researches in regard to the matter. As long as such researches are incomplete, or entirely wanting in both schools, conjecture cannot help us much.

Still, it is not unreasonable to ask for some suggestions on the point : these are already contained in the question. Practically, therefore, we make use of our formula in order to find a medicine for a given group of symptoms of a disease. If we succeed in establishing a greater or less degree of actual resemblance in a pathological and therapeutical sense, we often thus discover the remedy we need.

Similitude, then, furnishes us with the remedy. Its curative action, however, is not explained or made clear thereby ; nor is that of immediate importance, as we have gained our end. It is, however, very plausible, if not probable, to say that the simple medicine acted in the direction of the ever-present tendency in the organism to return to the normal state. This tendency to re-establish its equilibrium of cell-life (*vis medicatrix*), being not always able to accomplish the return to the normal state unaided, may be assumed to have been aided or re-enforced in its efforts. But, after all, as there was something abnormal to be recovered from, or to be overcome or counteracted, in this sense the curative action may be said to have been antagonistic, although the outward similitude of medicinal to disease-effects had led to the finding of the medicine.

It is very certain, however, that where a cure is the actual result of a single drug, this cannot be assumed to have resulted from a variety of principles of action, but that there

is probably only one curative principle underlying cures resulting at least from single remedies, by whatever school administered.

8. *Does the homœopathist only use such drugs as have been proven to produce in the healthy man the symptoms of the disease to be treated? How is he assured that the drug will produce the symptoms?*

This very fair question, like previous ones, should be answered categorically.

The homœopathist when strictly applying a remedy to a group of symptoms, always applies only those which result from provings. These provings are as correct as the results of any other form of experimental research; like all such, they have various values; hence, in our repertories and symptom-lists, you will usually find certain ones which are especially emphasized as having been frequently verified clinically; you will find others which have not been sufficiently verified, and marked accordingly; and, lastly, you will find in practical handbooks a variety of symptoms which were not derived from proving, but which occurred in the course of actually cured cases. Some of these are of much practical value. Homœopathists would not reject them on that account; hence they are retained in all practical guides, but they are excluded from books on "pure materia medica." This does not mean that all which is therein contained is absolutely free from error, but simply that its purpose and intention is to record only the result of provings.

This answers the second part of your question, regarding the assurance that the drug will produce symptoms, or all the symptoms, to which it is applied. If we treat a group of symptoms which have not appeared in provings, but have a remedy which is known to have cured them, we readily

make use of it, falling back on the time-honored empirical method which we enjoy in common with all practical men.

Most homœopathists assume, however, that, if a remedy cures a group of symptoms which as yet have not been developed by proving, it will, if more thoroughly tested, exhibit them. Till then, of course, we cannot be assured that it *will*. I should add, that in our provings we cannot produce typical diseases: persons cannot be expected to subject themselves to such a degree of danger. Still, there are very numerous instances in which such cases have resulted from medicines, although they were not voluntary tests, but mostly accidental or intentional cases of poisoning. Homœopathists avail themselves of such sources without exception, for they serve to verify and to complete provings which have to be made with milder and safer quantities.

9. I am requested to select two common diseases, and show how their treatment is governed on homœopathic principles; such as diphtheria, syphilis, and acute diffuse peritonitis.

To illustrate the homœopathic treatment of a case of peritonitis, called diffuse when it extends over a large portion of the serous membrane, we will assume that there is no doubt concerning the diagnosis; that our patient is confined to his bed, evincing all the signs of severe illness and anguish from abdominal pains of more or less extensive peritoneal inflammation. We are to exert our knowledge and skill not only to relieve temporary suffering, but to arrest the pathological process by homœopathic medicines.

You will hardly perceive the difference between this method and the traditional one of your school, unless, perchance, you have carefully watched the treatment at your clinics.

In proceeding to therapeutic measures, the homœopathist

remembers that he, or rather medicine in general, possesses no specific for diffuse peritonitis. He calls to mind that this presents itself in a considerable variety of forms and phases, determined by its remote or its immediate cause, and again varied by the stages at which it may have arrived. He remembers that its remote cause may be an hereditary one of tuberculous or even syphilitic origin ; that its proximate cause may be cold, exposure, or trauma ; and that this disease is rare in persons of sound constitution, and hence that the case before him is serious in its nature.

While arriving at his diagnosis, he saves time by a double mental process ; for he at once retains in his memory the useful indications in the form of positively known data : tubercular parentage, alcoholism, exposure to wet, violent exertion, violent accident, etc. The moment these are stated, there runs in the homœopathist's mind a parallel remembrance of remedial agents, perhaps six or eight in number. Of these he is easily reminded by his knowledge of the similitude of the indications of the present case to the pathogenetic effects of certain drugs. He holds these all in reserve for the present, and until he shall have familiarized himself with the details of the present state of the case. There must be nothing of haphazard or routine in the prescription, unless it is the routine of rapid thought and prompt decision. Thus he completes his record (aptly called by Germans *Krankheitsbild*, or "picture of the case"). This, if carefully and correctly viewed, is different in each case, and the doctor must be prepared with different remedial agencies.

Let us suppose that the visible tangible signs of an incipient case are : rigors over back and arms on least exposure by uncovering ; they appeared suddenly in the evening ; the cheeks are hot and red, and then great general heat and thirst ; there is an intense burning pain in the umbilical

region, or any other point, wherever the inflammation started, with painfully sensitive abdomen.

To the homœopathist such a set of symptoms would indicate *aconitum napellus*, one drop of the tincture, if you please, to each tablespoonful of water, administered each hour or two ; but most would prefer the third decimal dilution given in the same form.

To say that a case of peritonitis always presents itself in this way, would be a grave error. Supposing, then, that being called at another stage of the case we are likely to meet with another set of visible manifestations : the tenderness on being touched is much more marked, even the contact of the coverlid is intolerable ; the pains otherwise are rather cramplike and paroxysmal, or piercing, increased by slight motion, causing profuse perspiration. Under such circumstances, the homœopathic remedy would be minute but dilute and repeated doses of *bryonia alba*, more particularly since ample clinical experience points to the almost unrivalled efficacy of this medicine in serous inflammations.

Let the case be one of traumatic origin, where the pains are not burning, like those of the first instance, neither pricking nor piercing, like those of the second, but characterized by persistent soreness, or bruised and crushed sensation ; then *arnica montana* would be at once administered by us.

Belladonna, *rhus toxicodendron*, *arsenicum*, each has its special indications ; and given an airy apartment, cool, cleanly applications to the abdomen, cool water *ad libitum*, and our patient will recover speedily in all cases where destructive pathological changes have not taken place ; and those who have observed and compared the results of this treatment with those in which alcohol was substituted for water, turpentine for cool, cleanly compresses, where anodyne doses of opium or morphia were used to annul the

pain, will be most favorably impressed by the simple, practical method of the homœopathist.

The treatment of diphtheria, though offering fewer chances of success on account of the terrible mortality resulting from its invasion, is nevertheless determined by the simple rule governing the selection of remedies. Having before us a case of this kind, we, as homœopathists, call to mind that we have no remedies for diagnostic names, but that we should search for a remedy adapted to the peculiarities of the prominent symptoms immediately present. Supposing these to be, great redness of the fauces, with difficult deglutition ; the redness most marked in the lower part of the pharynx, which is highly vascular ; we notice a white opalescent membrane, like the superficial mucous patches of syphilis, on the pillars of the soft palate and on the tonsils, together with swelling of the parotids and submaxillary glands. In this case our choice would be, most probably, *mercurius cyanatus*, known to us not only on account of its very close resemblance in effect to those symptoms, but also on account of considerable actual success following its use.

The medicine may best be given in solution of one of its potencies, every half-hour, or at intervals of several hours. You will find a very exhaustive report of the treatment of this disease, translated from the German, in the very last number of the "British Journal of Homœopathy." Now, this does not end the variety of phenomena which the throat alone may present, each of which may call for another remedy.

Suppose the affection had taken the dreaded form known as diphtheritic croup, with wheezing or sawing respiration ; dry, hacking cough, with such distress that the patient, perhaps a child, grasps its throat with its hand ; the cough causes much soreness of the larynx, and the voice is hoarse

or nearly gone. In such a case *iodine* or *spongia* would serve the homœopathist.

Here are only two broad distinctions, which in practice are often varied by differences of a less striking kind, but which the homœopathist regards as important.

To try your patience further, an allusion to another remedy in another disease seems almost unavoidable. This is mercury as used in syphilis in its varied forms. None can read or observe the effects of mercurialization without wondering why a medicine capable of producing effects so much like those of syphilis should be used by all physicians so universally in the treatment of that disease, and without recognizing a strongly marked *resemblance* in its effects to the characteristics of syphilis.

Among these effects there are the well-known mercurial sores, circular or oval, or with ragged, undermined edges, with its tendency to spread. At other times mercury produces ulcers, with whitish-gray bases, bleeding easily, and exuding thin matter.

The erythema caused by mercury, and the severe ulcerations following the coppery-red inflammations of the palate and pharynx, so carefully described and collated from all sources in our symptom-lists, bear out the assertion of the *relation of mercury to syphilis by its similitude*.

Mercury does not produce syphilis, but its effects resemble it. We use it therefore, and, I may add, with much success.

The doses in which these remedies are given, and their proper repetition, afford material for discussion among homœopathists. Some insist upon what are called "high" attenuations, also called "potencies;" others prefer a form of preparation in which medicinal substance is demonstrably present. All agree, however, that a medicine, in order to be effective, should be so prepared that a small quantity,

even an exceedingly minute fraction of a drop or grain, is made to *occupy a large space, thus serving the purpose better than a substantial or larger dose.*

The other portions of this question may be, at least in part, comprised in the answers to the next question.

10. *In what way is morphia used?*

Morphia and opium are used by homœopathists precisely as any other medicinal substance is used by them; that is, they apply its effects as known to them by provings, and cases of poisoning, to groups of symptoms resembling the symptoms of opium. Sleeplessness may thus be relieved by it, as well as soporific sleep; certain forms of epileptic convulsions, as well as conditions of torpor, especially those of the intestinal nerve-plexuses resulting in habitual or temporary constipation.

Notable instances of this kind are not wanting. The symptomatic conditions determining the use of opium can easily be "read up" in any handbook.

This is a direct answer to the question; but as it may imply the question, "Do homœopathists ever use opium according to other principles and for other purposes?" it is but fair to say that they do exceptionally.

A physician, although recognizing the principles and rules of homœopathy, may find it right and proper, though rarely, to prescribe a larger dose of morphia for the sake of allaying pain, or of producing sleep. But, while he has a perfectly indisputable right to do so as a physician, he *should not* and *will not* avow that he is then acting homœopathically; precisely as a physician, using as his chief guide allœopathic principles, should not and will not avow that he is acting entirely allœopathically when he allays certain forms of intestinal catarrh by small doses of rhubarb, castor-oil, or chamomile, or constipation by nux vomica (see RINGER'S *Text-Book*).

This virtually disposes of the next question propounded to me : —

11. *Are not many powerful drugs used in as large doses as by the followers of other schools ?*

As a rule, homœopathists employ much smaller doses than the traditional ones of allœopathy. The very energetic substances, like phosphorus, arsenic, atropia, morphia, strychnia, etc., are used most commonly, and by a majority, in what is called the first, second, third, etc., attenuation. Some homœopathists use these substances in doses of the common pharmacopœia. Although homœopathy teaches the use of minute doses, it does not so much insist on the minute dose, *as the highly diluted or expanded dose*, because it has found to its satisfaction how to make a very little medicine go a great way.

There are some homœopathists and some allœopathists who have done much to confuse young men's minds by assuming an attitude as if the distinction between the schools rested exclusively on the dose. This is a great error. The doses used by physicians never did, and cannot, alone serve as an index of the principles underlying their method of using medicines. These can better be determined by the effects intended or actually obtained by any dose. For example : a quarter of a grain of morphia may release a patient from soporific sleep ; this would be homœopathic action. The twenty-thousandth part of a grain of strychnia may cause the leg of a frog to jerk ; this is a simple toxic effect of a very minute dose. This instance illustrates my meaning, — that the dose does not determine the “pathy,” and that one may be a homœopathist who uses comparatively large doses, while another may be an allœopathist, or “regular” physician, if you please, although he uses comparatively very minute doses.

As your questions are arranged, this leads me to the next, which asks : —

12. *How is it possible to get any other than a mental effect from the administration of a ten-thousandth of a grain of a drug? Is there any analogy in chemistry or physiology?*

It is certainly possible to get something besides a mental effect from a ten-thousandth of a grain of a drug, especially if you require chemical and physiological analogies. You may not be told *how* it is possible, but simply *that* it is ; nor may you always get only mental effects, as you seem to anticipate.

The simple fact that transcendently minute portions of matter may have and do have very plainly perceptible effects, is demonstrable by numerous instances.

The ten-thousandth part of a grain of strychnia is very plainly perceptible to the taste. The thirty-thousandth is, according to Taylor (*Med. Jurispr.*).

We do not positively know on what the contagiousness of variola depends. We all believe that infectiousness is a condition without which the disease is not propagated ; and persons contract the disease without coming in contact. They may be far apart. Whatever brings it about must be at least as minute as the tubercle-bacillus, or its germ-spore. These are as minute, by actual measurement, as the minutest particles to which, e.g., a metal can be reduced by any mechanical means. A grain of gold, e.g., is reducible to about forty-six thousand million particles. Each of these can be seen, and measured to be a two-thousandth of a millimetre in diameter ; hence a germ-spore of this size will weigh no more, but probably *less*, than a forty-six-thousand-millionth of a grain. You only asked for a ten-thousandth part of a grain.

It is not intended to assert that a single particle of gold could have an effect like an organic germ-spore of the same size. But many such particles may have such an effect by judicious repetition. A drop of water falling on a granite rock produces no perceptible effect. Many millions of single drops excavate the rock. Hence the effect of one drop is a calculable fractional part of what has been effected by vast numbers of drops.

The mephitis putorius on shore can be plainly perceived by the smell several miles out at sea, and produce a sensation of nausea. The odor of orange-blossoms can be perceived a long distance out at sea. The one-thousandth part of a grain of strychnia, as Dr. Arnold of Heidelberg has shown, may produce tetanus in frogs. The same observer has noticed it repeatedly from one-millionth of a grain (*Hygieia*, vol. x. p. 56, quoted by Hirschel). Spallanzani fertilized a frog's egg with $\frac{1}{2984687500}$ part of a grain of the seminal fluid of frogs.

A better and more familiar example of the effect of extremely attenuated poison is afforded in this region by the common occurrence of erysipelatous inflammation by the mere exposure to the smoke of dry ivy roots and branches (*rhus vernix and radicans*).

For further familiar illustrations, allow me to refer you to a collection of data contained in Hirschel's "Text-book of Homœopathy."

Your question as to mental effects resulting from the testing of too minute doses deserves no evasive answer. There are numerous instances offered by chemistry and physiology in which, as I have stated, other than mere mental effects are produced by even less than a ten-thousandth part of a grain of any substance. But homœopaths, far from denying the possibility of recording mere mental or emotional effects while testing drugs, are using their best endeavors

to prevent this source of error, by accurate and guarded methods of experiment, and by devising new and more reliable means of experimentation.

If you will call to mind that our experimental tests are not carried on with animals, but much oftener with the human subject, you will readily comprehend that testing of drugs is no mere pastime, but connected with some apprehension of danger, if not danger itself.

Having had considerable personal experience in drug testing or proving, I am in a position to assert that there is not one among my hearers who would consume a little bottle of innocent-looking pellets, and then avow that the sensations which follow were only imaginary, although they might be. We are perfectly aware of this possibility, and therefore know how to avoid it.

It is not in the nature of the system of homœopathy to give rise to errors, but these arise simply from faults which are common to us all. The methods of experimentation among homœopaths are no more liable to result in error than those of chemistry or physiology.

Far from taking too little of a substance to be tested, the courage and perseverance of our provers challenge our admiration. Let those of you who do not shrink from crucial tests try one-fiftieth or one-hundredth grain doses of nitroglycerine, or one-third grain doses of Merck's curare, repeated at short intervals, and they will soon learn how we go to work to distinguish mere mental from real effects.

I have nothing to say in defence of those who persistently ignore the limits of the presence of medicinal matter, and who give rise to endless disputes by their tendency to mysticism.

To obtain detailed information on this subject, I trust that your sense of loyalty to the school of your choice will not deter you from reading the transactions of our state and

national societies, as well as our periodical literature. This, to say the least, will afford you as many valuable suggestions as the never neglected, careful perusal and close study of the literature of your school yields us.

13. *A few books which clearly set forth the subject.*

Homœopathy is a system of practice which admits of being stated and defined in all its essential features in a comparatively short treatise. We need another; and its publication only depends on some one who will furnish it.

As you are aware, this system or method of practice, in the course of its yet uncompleted development, has given rise to various sects or parties; hence one explanatory text-book would not suffice to represent the whole historical case. The following are commendable:—

HAHNEMANN, *The Organon of the Art of Healing* (Philadelphia: F. E. Boericke); also RAU, *Organon* (Leipzig: Ludwig Shumann, 1838); Dr. A. V. GRAUVOGL, *Text-Book of Homœopathy* (Nuremberg: Friedr. Korn, 1866); Dr. B. HIRSCHEL, *Text-Book of Homœopathy, or a Guide to its Study and Practice* (Leipzig: Edw. Haynel, 1854); Dr. R. E. DUDGEON, *Lectures, and Theory and Practice of Homœopathy* (Manchester: H. Turner; London: Aylott & Co., 1854); Dr. RICHARD HUGHES, *The Knowledge of the Physician* (Otis Clapp & Son, 1884).

We have now arrived at the last, but not the least, of the questions of your secretary's list:—

14. *Upon what grounds would you advise a young graduate to practise in accordance with homœopathic principles?*

Do not expect of me a sensational recital, embellished by rhetorical extravagances. As I have striven, in what I have said, to make simple and explicit statements, my reasons for the grounds for the practice of homœopathy shall be

equally simple, and as concise as I am able to state them. Indeed, the reasons I can offer you will be but a repetition of the principal arguments embodied in previous statements.

Excluding surgery and all surgical specialties, let it be remembered that homœopathy applies exclusively to the internal use of medicines.

It cannot fail to commend itself to your judgment, that the *absolute safety of the patient under the use of drugs as medicines* should be a condition without which we are liable to fall into grave errors. Now, if homœopathy includes such a safeguard among its foremost postulates, this should raise it above other modes of practice, which, while they do not disregard, do not lay as much stress upon it as homœopathy, which actually elevates and develops this postulate with a system of practical rules. These rules are not difficult to comprehend, and are so easy in their actual application, that they render the entire practice of homœopathy safe even in the hands of beginners.

The safety and welfare of the sick are assured by a system which intends and strictly aims to arrive at, not only positive, but practically applicable and reliable, data concerning the action and effects of drugs. In principle this is certainly acceptable.

Hence homœopathy seeks for and provides precautions for rendering unavoidable errors harmless in practice, as you will see.

I have endeavored to explain to you how homœopathy seeks also for positive data regarding disease, by accepting for bedside practice only what we can clearly and unmistakably perceive ; for instance, a cough occurring chiefly before midnight, with glairy, viscid expectoration, and burning pain in the trachea. Homœopathy regards these data, but does not attempt to prescribe for the *conjectural* reasons for the glairy expectoration and the hour of aggravation. It seeks

for a remedy which in its proved effects resembles those of the disease, and readily finds it. The choice between many competing remedies is not easy, but here skill and experience come into play.

You will say, "But now, if your symptoms of disease are doubtful, uncertain, and vague, and your provings also, what guards you against errors in common with our method of prescribing?"

I answer that your question is fair. Errors in prescribing are unavoidable in any school, and this you will justly regard as a point of extreme importance and significance. Whoever claims to be able to prescribe the right medicine, simple or compound, at first or second sight, with precision, in a case of disease, is in error. We must be conscious of this always, without knowing how often we err. But the means of controlling error are afforded by homœopathic practice: they are found in the use of *simple remedies, in small but expanded doses.*

As for the rule of similars itself, I must define and express it as epigrammatically as I can. Much of its explanation lies in the definition of a medicine. The shortest definition you or I can make of it is, that a medicine is a substance which, if consumed by a well person, will make that well person sick. Now, if medicines ever cure diseases, they must do so by that same pathogenic force which each medicine possesses. Medicines cause morbid conditions; medicines cure morbid conditions. This is homœopathy in a nutshell.

Instead of compounding several drugs in one recipe, homœopathy prefers one at a time, because it takes into consideration the uncertainties of knowledge concerning one, and the multiplication of errors by compounding several drugs. Thus it avoids the unsafe increase of uncertain factors by reducing uncertainty to its smallest measure.

It does not cease here in applying rules of precaution ; for homœopathy does not only plead for single remedies, but lays great stress on the use of the least amount of medicine that will cure. It considers it unsafe, and hence impractical, to push the dose to the extreme of toleration, getting, then, mostly pathogenic, but no curative effects.

When a homœopath sees medicinal effects, like sopor following opium, salivation after mercury, despondency and erythema after bromides, he considers that the disease he is treating has been augmented, and he prefers not to run such risks. The original case is enough for him ; he does not desire to complicate it for the sake of a temporary advantage.

Hence, besides employing simple single medicines, he reduces their volume by the easiest method possible. That every one can learn this method of pharmacy in a little while, far from being a weakness, is a great advantage of the system.

You will not raise any very serious objection to these principles dictated by a spirit no less humanitarian than it is practical ; that is, facility of application.

It would encroach too much on your patience if I should describe in detail the methods and results of dilution, trituration, and attenuation. Let it suffice for our present purpose, that homœopaths are unanimous in advising smaller doses than any other school, and that they agree, also, that reasonable dilution or expansion more than counterbalances loss of medicinal substance.

But, you will say, do your results plead for the efficacy of your system of simples, and attenuated doses applied under the formula of similars ? In answer to this question, I point to such statistical evidence as we possess ; not to the bold figures mentioned before, but to a closer study of their details.

Even if you should put the most cautious construction

upon those statistics and hospital reports, and if you should conclude that the much lower percentage of mortality under homœopathic treatment, as compared with that of the older school, were due only to expectancy, and to the absence of medicine in homœopathic preparations, you still find yourselves confronted with the fact that *very few deaths occurred under homœopathic treatment, as compared with the results of allœopathic medication.*

Now, whether homœopathic preparations contain medicine or not, it must be urged, that, even if homœopathy has nothing in its favor besides a very low mortality list, this would serve you as a sufficient argument in its favor.

We cannot cure all, but we dare injure none.

I must stop somewhere, and hope that I may at least have offered you some points worthy of your impartial consideration. Let me thank you most sincerely for the kind and close attention with which you have honored my remarks, which, I am sure, you have received in the friendly spirit in which they are offered.

